

FEE TRANSMITTAL		Complete if Known					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/245,894				
		Filing Date	2/8/1999				
		First Named Inventor	Adrien Galct				
		Examiner Name	Michael A. Neas				
		Art Unit	3765				
TOTAL AMOUNT OF PAYMENT		(\$) 2,290.00					
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>23-0650</u> Deposit Account Name: _____							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-3038.							
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity		Small Entity		Small Entity		
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	380	95	620	310	250	125	_____
Design	250	125	120	60	160	80	_____
Plant	250	125	380	190	200	100	_____
Reissue	380	190	620	310	750	375	_____
Provisional	250	125	0	0	0	0	_____
2. EXCESS CLAIM FEES							Small Entity
<u>Fee Description</u>						<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 (including Reissues)						60	30
Each independent claim over 3 (including Reissues)						250	125
Multiple dependent claims						450	225
<u>Total Claims</u> <u>- 20 or HP</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>						Multiple Dependent Claims	
_____ - _____ = _____ x _____ = _____						<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
HP - highest number of total claims paid for, if greater than 20.						_____	_____
<u>Indep. Claims</u> <u>- 3 or HP</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>							
_____ - _____ = _____ x _____ = _____							
HP - highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$310 (\$155 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>		<u>Extra Sheets</u>		<u>Number of each additional 50 or fraction thereof</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 100 = _____		/ 50 = _____		(round up to a whole number) x _____		_____	_____
4. OTHER FEE(S)							Fees Paid (\$)
Non-English Specification,    \$130 fee (no small entity discount)							_____
Other (e.g., late filing surcharge): Fee deficiencies due in the prosecution of Patent No. 6,311,338							2,290.00
SUBMITTED BY							
Signature		Registration No.		Telephone			
Name (Print/Type)		(Attorney/Agent)		28,498		412-471-8815	
Richard L. Byrne		Date		September 13, 2012			

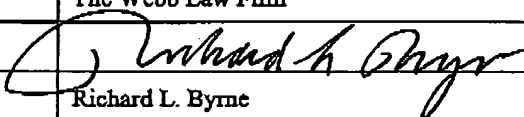
Doc. No. 2GJ3174.PDF

<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/245,894	
	Filing Date	2/8/1999	
	First Named Inventor	Adrien Galet	
	Art Unit	3765	
	Examiner Name	Michael A. Neas	
Total Number of Pages in This Submission	7	Attorney Docket Number	2934 - 120356

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD  <div style="border: 1px solid black; padding: 2px;">Remarks</div> <input type="checkbox"/> Claim Fees Previously Paid: Total Claims _____ Total Indpen. Claims _____ <input type="checkbox"/> Claim Fees Due (see Fee Transmittal Form)	<input type="checkbox"/> After Allowance communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Change in Entity Status Under 37 C.F.R. § 1.28(c); and Authorization to Act in a Representative Capacity

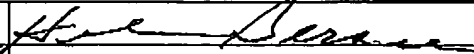
The Commissioner for Patents is hereby authorized to charge any additional fees or underpayment of fees under 37 CFR 1.16 and 1.17 to Deposit Account No. 23-0650.

#### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	The Webb Law Firm		
Signature			
Printed Name	Richard L. Byrne		
Date	September 13, 2012	Reg. No.	28,498

#### CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Helen Gerace	Date	September 13, 2012